

# EXHIBIT 6

## COMMON MALFORMATIONS

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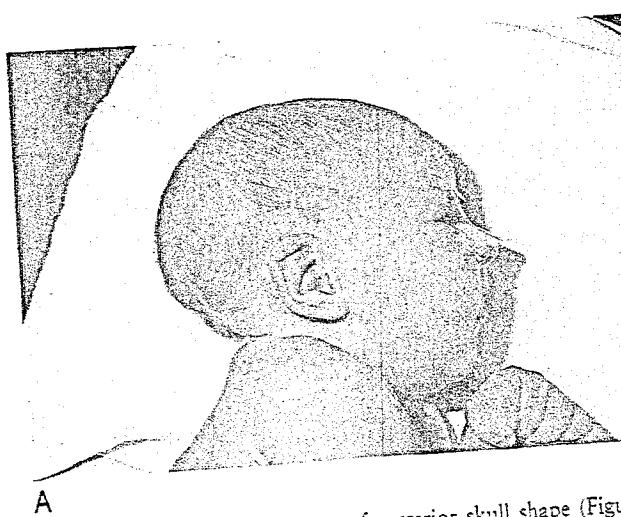
TABLE 1-1 Recognized Human Teratogens (2009)

<b>1. DRUGS</b>	Tetracycline Thalidomide Trimethadione/paramethadione Valproic acid Warfarin	Parvovirus Rubella Syphilis Toxoplasmosis Varicella Venezuelan equine encephalitis virus West Nile virus
	<b>2. HEAVY METALS</b> Lead Mercury	<b>6. PROCEDURES/ASSISTED REPRODUCTION</b> Chorionic Villus Sampling (CVS) Dilation and curettage (D&C) Intracytoplasmic Sperm Injection (ICSI)
	<b>3. RADIATION</b> Cancer therapy	<b>7. TRAUMA TO PLACENTA</b>
	<b>4. MATERNAL CONDITIONS</b> Alcohol Insulin-dependent diabetes mellitus Hypothyroidism Iodide deficiency Maternal phenylketonuria Myasthenia gravis Obesity, severe Smoking cigarettes/marijuana Systemic lupus erythematosus Vitamin A deficiency Vitamin K deficiency	<b>8. OTHER EXPOSURES</b> Carbon monoxide poisoning Gasoline fumes (excessive) Heat Hypoxia Magnesium sulfate (high levels, third trimester) Methyl isocyanate Methylene blue Phthalates Polychlorinated biphenyls Toluene (excessive; glue sniffing)
	<b>5. INTRAUTERINE INFECTIONS</b> Cytomegalovirus Herpes simplex	

against the uterus and a prominence of the occiput, the "star gazer" phenotype (Figures 1-1A and B); another example is the infant in breech presentation who has an increased risk for hip dislocation;

- b) Unicornuate uterus: a potential cause of positional deformities (6);
- c) Twins: monoamniotic, monochorionic twins are at risk for:
  - i) some malformations, like acardia (7), which occur only in such twin pairs;

- ii) many malformations (8), such as sirenomelia (9) and cloacal exstrophy (10), are more common in MZ twin pregnancies than in SZ pregnancies.
- iii) if one twin dies, and the pregnancy continues, tissue from the deceased and autolyzed twin embolizes to the living twin and produces malformations caused by obstructing an artery, bowel atresia, porencephaly, aplasia, and amputations (11a).



A



B

FIGURE 1.1 Shows deformations of posterior skull shape (Figure 1A) from a prolonged face and brow presentation: the skull is flattened and has a prominent occiput. Figure 1B shows the skull shape after four months of treatment, appearing more normal.

Defendant's Exhibit

3/11/16 KB

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